King County Request to Continue Benefit Coverage For Disabled Adult Child

Office Use Only	Date Received	Processed By	Approved ☐ Yes ☐ No

- Submit this form to request continuation of coverage for a disabled adult child within 60 days of the child's 23rd birthday.
- Complete Section 1 yourself and have your disabled adult child's physician complete Section 2.
- Return the form to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle WA 98104-2683 (phone 206.684.1556/ fax 206.684.1925).

■ Section 1: Employee Statement

Employee Name _____ Soc Sec Number _____ ☐ Paid 5th & 20th of each month ☐ Paid every other Thursday

Mailing Address _____ Contact Phone (_____)_____

Disabled Adult Child Name _____ Soc Sec Number _____ Birth Date _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed Child Marital Status

High School 9 10 11 12 College 13 14 15 16 Circle Highest Grade Completed

IQ Test Results _____

Vocational training? ☐ No ☐ Yes If yes, school and courses _____

Current student? ☐ No ☐ Yes If yes, school and location _____

Child depends on you for support? ☐ No ☐ Yes If yes, proportion of support provided _____%

Child employed since reaching age 23? ☐ No ☐ Yes If yes, employer names, addresses and dates of employment _____

_____

Child been institutionalized? ☐ No ☐ Yes If yes, institutions, nature of care and dates of institutionalization_____

_____

Employee Signature _____ **Date Signed** _____

■ Section 2: Physician Statement

Physician Name _____ Degree/ Specialty _____

Mailing Address _____ Contact Phone (_____)_____

Nature of child's disability? _____

When disability began? _____

How disability being treated? _____

Prognosis for recovery? _____

Intelligence of child tested? ☐ No ☐ Yes If yes, name of test and result _____

Child capable of self sustaining employment? ☐ No ☐ Yes

Child employable in the future? ☐ No ☐ Yes Comments _____

Physician Signature _____ **Date Signed** _____